



Household Registration Form

Primary Household

Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Emergency Contact and Phone Number:

() Special Assistance is needed for one or more of individuals listed on registration.


Please Explain: _____

I understand that there may be risk inherent in any activity, including exercise, and I acknowledge that I have been advised to seek the advice of a medical doctor before I or my child participates in this program. My child and I agree to assume all risks of illness or injury resulting from participation in the program(s) noted above. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I and my child hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury directly resulting from my participation in this program.

Participant Signature: _____ Date: _____

(Signature of parent/guardian if under 18)

Participant Name	Male/Female	Date of Birth	Activity Registration #	Activity Name	Activity Fee
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 Printed on recycled paper



The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operation of its services, programs, or activities. Letha Flippin, 300 Park Avenue, Falls Church, Virginia, has been designated to coordinate compliance with the ADA non-discrimination requirements. The City of Falls Church complies with the Americans with Disabilities Act. This document will be made available in an alternate format upon request. Call 703.248-5001, Virginia Relay Center, 1-800-828-1120.
